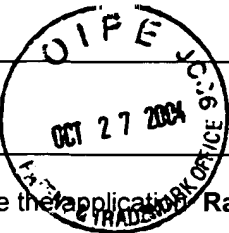


2634



# TRANSMITTAL FORM

Attorney Docket No.  
2789.2017-000  
3002P

In re the application of **Ramin Farjad Rad**

Confirmation No: **8682**

Serial No: **09/862,384**

Group Art Unit: **2634**

Filed: **May 22, 2001**

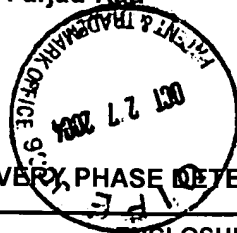
Examiner: **Odom, Curtis B.**

For: **LINEAR DATA RECOVERY PHASE DETECTOR**

## RECEIVED

NOV 01 2004

Technology Center 2600



### ENCLOSURES (check all that apply)

|                          |                                     |  |  |                                     |   |
|--------------------------|-------------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |
| <input type="checkbox"/> | After Final                         | <input type="checkbox"/>   | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |
| <input type="checkbox"/> | Information disclosure statement    | <input type="checkbox"/>   | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief (in triplicate)                |
| <input type="checkbox"/> | Form 1449                           | <input type="checkbox"/>   | Drawings   | <input type="checkbox"/>            | Status Letter                               |
| <input type="checkbox"/> | (X) Copies of References            | <input type="checkbox"/>   | Petition   | <input checked="" type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/> | Extension of Time Request *         | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment                 | <input type="checkbox"/>   | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/> | Certified Copy of Priority Doc      | <input checked="" type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/> | Response to Incomplete Appln        | <input checked="" type="checkbox"/>  | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/> | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) |  |  |                                     |   |

### CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE    | FEE     |
|--------------------|----------------------------------|---|--------------|---------|---------|
| Total Claims       | 10                               | 20                                      | 0            | \$18.00 | \$ 0.00 |
| Independent Claims | 3                                | 3                                       | 0            | \$88.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |         | \$ 0.00 |

### METHOD OF PAYMENT

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                                    |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                       |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group) |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |  |
|---------------|--|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature     |  |
| Date          | October 21, 2004                       |

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 21, 2004

|                      |                |
|----------------------|----------------|
| Type or printed name | Irena Nikolova |
| Signature            |                |